



Harbor Homes Healthy at Home Keystone Hall HIV/AIDS Task Force Harbor Care Health & Wellness Center

HCHWC Medical Fee Scale		0-100% Poverty	101-138% Poverty		139-185% Poverty		186-200% Poverty	
		Category A	Category B		Category C		Category D	
Family Size:		Income up to:	Income From:	To:	Income From:	To:	Income From:	To:
1	Annual	\$13,590	\$13,591	\$18,754	\$18,755	\$25,142	\$25,143	\$27,180
2	Annual	\$18,310	\$18,311	\$25,268	\$25,269	\$33,874	\$33,875	\$36,620
3	Annual	\$23,030	\$23,030	\$31,781	\$31,782	\$42,606	\$42,607	\$46,060
4	Annual	\$27,750	\$27,751	\$38,295	\$38,296	\$51,338	\$51,339	\$55,500
5	Annual	\$32,470	\$32,471	\$44,809	\$44,810	\$60,070	\$60,071	\$64,940
6	Annual	\$37,190	\$37,191	\$51,322	\$51,323	\$68,802	\$68,803	\$74,380
Copay Per Visit		\$10.00	\$15.00		\$20.00		\$25.00	

For families/household with more than 6 persons, add \$4,720 for each additional person

HCHWC Pharmacy Fee Scale	0-100% Poverty	101-138% Poverty	139-185% Poverty	186-200% Poverty
	Category A	Category B	Category C	Category D
Generics	Acquisition Cost + \$3.00 Dispensing Fee	Acquisition Cost + \$4.00 Dispensing Fee	Acquisition Cost + \$5.00 Dispensing Fee	Acquisition Cost + \$6.00 Dispensing Fee
Brand	Acquisition Cost + \$3.00 Dispensing Fee	Acquisition Cost + \$4.00 Dispensing Fee	Acquisition Cost + \$5.00 Dispensing Fee	Acquisition Cost + \$6.00 Dispensing Fee
Controls	Acquisition Cost + \$3.00 Dispensing Fee	Acquisition Cost + \$4.00 Dispensing Fee	Acquisition Cost + \$5.00 Dispensing Fee	Acquisition Cost + \$6.00 Dispensing Fee

HCHWC Dental Fee Scale	0-100%	101-138%	139-185%	186-200%
	Category A	Category B	Category C	Category D
Category 1 – Preventive Care	\$50.00* Per Visit	40% Discount 60% Patient Portion	30% Discount 70% Patient Portion	20% Discount 80% Patient Portion
Category 2 – Optional Care <small>(Prices Will Vary & Lab Fees Apply)</small>	\$65.00* Per Visit	40% Discount 60% Patient Portion	30% Discount 70% Patient Portion	20% Discount 80% Patient Portion
Category 3- Complex Care	\$85.00* Per Visit	40% Discount 60% Patient Portion	30% Discount 70% Patient Portion	20% Discount 80% Patient Portion

Approved Category:	A	B	C	D
Denial Reason:	_____			
Reviewed By:	_____			Date:

P: (603) 882-3616
F: (603) 821-5620

Headquarters:
77 Northeastern Blvd
Nashua, NH 03062

hope@harborcarenh.org
www.harborcarenh.org

